

Type a plus sign (+) inside this box →

Approved for use through 10/31/98
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/01 (6-95)

OMB 0651-0032

0010/PTO Rev. 6/95 DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION Declaration <input checked="" type="checkbox"/> Submitted with OR <input type="checkbox"/> Submitted after Initial Filing Declaration <input type="checkbox"/> Submitted with OR <input checked="" type="checkbox"/> Submitted after Initial Filing	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	21106-701
		First Named Inventor	ZEFIROV, Nikolai S.
		COMPLETE IF KNOWN	
		Application Number	
		Filing Date	
		Group Art Unit	Not yet assigned
		Examiner Name	Not yet assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AGENT FOR TREATING NEURODEGENERATIVE DISORDERS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **October 23 1996** as United States Application number or PCT InternationalApplication Number **PCT/RU96/00306** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
95118252	RU	10/23/95	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Firm Name	Customer Number or label
Wilson Sonsini Goodrich & Rosati OR	21971
<input checked="" type="checkbox"/> List attorney(s) and/or agent(s) name and registration number below:	

Name	Registration Number	Name	Registration Number
WEITZ, David J.	38,362		

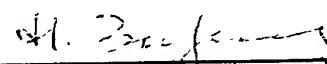
☒ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☐ Customer Number or label OR ☒ Fill in correspondence address below

Name	David J. Weitz				
Address	WILSON SONSINI GOODRICH & ROSATI				
Address	650 Page Mill Road				
City	Palo Alto	State	CA	ZIP	94304
Country	U.S.	Telephone	650-493-9300	Fax	650-493-6811

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

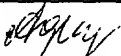
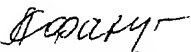
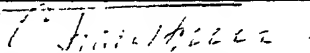
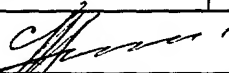
Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	NIKOLAI	Middle Initial	S.	Family Name	ZEFIROV	Suffix e.g. Jr.	
Inventor's Signature					Date	12.03.1999	
Residence: City	Moscow	State		Country	RUSSIA	Citizenship	RU
Post Office Address	Leninsky pr., 99, kv. 553						
City	Moscow	State		Zip	117421	Country	Russia
						Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

Type a plus sign (+) inside this box

+

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	ANDREI	Middle Initial	Z.	Family Name	AFANASIEV	Suffix e.g. Jr.			
Inventor's Signature					Date	12.03.1999			
Residence: City	Chernogolovka	State		Country	RUSSIA	Citizenship	RU		
Post Office Address	Pr. Stroitelei 2, kv. 103								
Post Office Address									
City	Chernogolovka	State		Zip	142432	Country	Russia	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	SVETLANA	Middle Initial	V.	Family Name	AFANASIEVA	Suffix e.g. Jr.			
Inventor's Signature					Date	12.03.1999			
Residence: City	Chernogolovka	State		Country	RUSSIA	Citizenship	RU		
Post Office Address	Pr. Stroitelei 2, kv. 103								
Post Office Address									
City	Chernogolovka	State		Zip	142432	Country	Russia	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	SERGEI	Middle Initial	O.	Family Name	BACHURIN	Suffix e.g. Jr.			
Inventor's Signature					Date	12.03.1999			
Residence: City	Chernogolovka	State		Country	RUSSIA	Citizenship	RU		
Post Office Address	ul. Tsentralnaya, 4b, kv. 47								
Post Office Address									
City	Chernogolovka	State		Zip	142432	Country	Russia	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	SERGEI	Middle Initial	E.	Family Name	TKACHENKO	Suffix e.g. Jr.			
Inventor's Signature					Date	12.03.1999			
Residence: City	Chernogolovka	State		Country	RUSSIA	Citizenship	RU		
Post Office Address	ul. Tsentralnaya, 4, kv. 41								
Post Office Address									
City	Chernogolovka	State		Zip	142432	Country	Russia	Applicant Authority	

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

Type a plus sign (+) inside this box



DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	VLADIMIR	Middle Initial	V.	Family Name	GRIGORIEV	Suffix e.g. Jr.					
Inventor's Signature					Date	12.03.1999					
Residence: City	Chernogolovka	State		Country	RUSSIA	Citizenship	RU				
Post Office Address	Shkolny bul., 19, kv. 94										
Post Office Address											
City	Chernogolovka	State		Zip	142432	Country	Russia	Applicant Authority			
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	MARINA	Middle Initial	A.	Family Name	JUROVSKAYA	Suffix e.g. Jr.					
Inventor's Signature					Date	12.03.1999					
Residence: City	Moscow	State		Country	RUSSIA	Citizenship	RU				
Post Office Address	Sumskoi pr., 21, korpus 4, kv. 72										
Post Office Address											
City	Moscow	State		Zip	113208	Country	Russia	Applicant Authority			
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	VALERY	Middle Initial	P.	Family Name	CHETVERIKOV	Suffix e.g. Jr.					
Inventor's Signature					Date	12.03.1999					
Residence: City	Novokuznetsk	State		Country	RUSSIA	Citizenship	RU				
Post Office Address	ul. Narodnaya, 7, kv. 35										
Post Office Address											
City	Novokuznetsk	State		Zip	654001	Country	Russia	Applicant Authority			
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name	ELIZAVETA	Middle Initial	E.	Family Name	BUKATINA	Suffix e.g. Jr.					
Inventor's Signature					Date	12.03.1999					
Residence: City	Moscow	State		Country	RUSSIA	Citizenship	RU				
Post Office Address	Zemlyanoy val, 21/2, kv. 68										
Post Office Address											
City	Moscow	State		Zip	103064	Country	Russia	Applicant Authority			

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

Type a plus sign (+) inside this box

+

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name		IRINA			Middle Initial		V.		Family Name		GRIGORIEVA			Suffix e.g. Jr.								
Inventor's Signature		<i>Bgr</i>								Date		12.03.1999										
Residence: City		Moscow			State				Country		RUSSIA			Citizenship		RU						
Post Office Address		ul. Kantemirovskaya, 20/2, kv. 560																				
Post Office Address																						
City		Moscow			State				Zip		115400			Country		Russia			Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name					Middle Initial				Family Name					Suffix e.g. Jr.								
Inventor's Signature										Date												
Residence: City					State				Country		RUSSIA			Citizenship		RU						
Post Office Address																						
Post Office Address																						
City					State				Zip					Country		Russia			Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name					Middle Initial				Family Name					Suffix e.g. Jr.								
Inventor's Signature										Date												
Residence: City					State				Country		RUSSIA			Citizenship		RU						
Post Office Address																						
Post Office Address																						
City					State				Zip					Country		Russia			Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name					Middle Initial				Family Name					Suffix e.g. Jr.								
Inventor's Signature										Date												
Residence: City					State				Country		RUSSIA			Citizenship		RU						
Post Office Address																						
Post Office Address																						
City					State				Zip					Country		Russia			Applicant Authority			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor												
Given Name					Middle Initial				Family Name					Suffix e.g. Jr.								
Inventor's Signature										Date												
Residence: City					State				Country		RUSSIA			Citizenship		RU						
Post Office Address																						
Post Office Address																						
City					State				Zip					Country		Russia			Applicant Authority			
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.																						

Type a plus sign (+) inside this box →

+

DECLARATION**ATTORNEY and/or AGENT INFORMATION**
(Supplemental Sheet)

Name	Registration Number	Name	Registration Number
ABRAHAM, David J.	39,554		
BRUCKNER, John J.	35,816		
CARY, Charles C.	36,764		
DAVIS, Paul	29,294		
DODD, Travis L.	42,491		
ENG, U.P. Peter	39,666		
GROTH, Henry J.	39,696		
HAYNES, Mark A.	30,846		
MAHAMEDI, Van	42,828		
MURPHY, Michael J.	37,404		
RICHARDSON, Kent R.	39,443		
SU, Jinntung	42,174		
VERDUN, Hayward	43,223		
WEITZ, David J.	38,362		
WILLMAN, George A.	41,378		
WHEELER, Jeffrey	39,006		